

State of North Dakota)
)ss
County of Burleigh)

I, Margaret A. Pearson, do hereby certify that I am a duly-appointed State Toxicologist for the State of North Dakota and an official custodian of the records and files of the office thereof, that I have carefully compared the

Coroner Request for Toxicological Analysis; PM0ND: CRTA.8 4/07 (May 22, 2007)

hereto attached with the respective original as the same appears of record on file in the Toxicology Laboratory in the County of Burleigh, North Dakota, and find the same to be a true and correct copy thereof and of the whole thereof. In witness whereof I have set my hand at the city of Bismarck, in said county this:

22 day of May, 2007

Margaret A. Pearson
Margaret A. Pearson, State Toxicologist

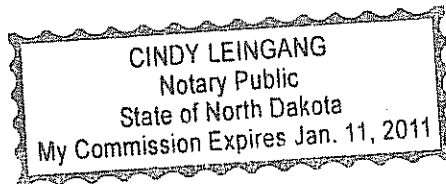
State of North Dakota)
)ss
County of Burleigh)

On this 22 day of May, 2007, before me personally appeared Margaret A. Pearson, known to me to be a State Toxicologist for the State of North Dakota, acknowledged to me that he/she has executed the same.

Subscribed to and sworn before me this:

22 day of May, 2007

Cindy Leingang
Cindy Leingang, Notary Public, State of North Dakota
My Commission Expires January 11, 2011



(SEAL)



Coroner Request for Toxicological Analysis

Office of Attorney General, Crime Laboratory Division
2635 East Main Avenue, P.O. Box 937
Bismarck, ND 58502-0937 • (701) 328-6159
SFN 50494 (3/07)

Decedent Name: _____
Last First Middle Initial

Male Female Date of Birth: _____ Date of Death: _____

*Social Security: _____ Driver's License: _____ State: _____

Medication/Drugs Suspected: _____

Suspected Cause of Death: _____

Specimens Collected: Date: _____ Time: _____

Specimen Obtained By: _____

Replacement Coroner Kit Sent To: _____

*NOTE: In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary pursuant to North Dakota Century Code. The individual's social security number is used within our department as an identification number for file control purposes and record keeping.

Specimens Submitted:
Note: **Fill Gray-Stoppered Tube First**
 Blood (Gray-Stoppered Tube)
 Blood (Green-Stoppered Tube)
 Blood (Red-Stoppered Tube)
 Vitreous (Red-Stoppered Tube)
 Urine (Green-Capped Plastic Container)
 Other: _____
Venipuncture Site: _____

Analysis Required (Check All Required):
 Blood Alcohol
 Vitreous Alcohol
 Blood Carboxyhemoglobin
 Blood Drug Screen
 Urine Drug Screen
 Other (Serum, Decomposition Fluid, Etc.): _____

Sample Disposal Will Occur 12 Months After Analysis Reporting Date

For Lab Use Only:
Case No.: _____
Specimen Received:
 In a Sealed Postmortem Kit
 Via Postal Delivery
 In a Sealed Biohazard Bag
 Via Other _____
at _____ on _____
(Time) (Date)
By: _____
at _____ on _____
(Time) (Date)

Send Lab Report To (Please Print):
Coroner Name: _____
Agency: _____
Address: _____

Officer Name: _____
Agency: _____
Address: _____

Margaret A. Beum
22 May 2007

Remarks: _____